

**Exhibit Q**  
**Medical File, Records regarding**  
**Plaintiff's Medication**

# MEDICATION ADMINISTRATION RECORD

P&amp;L FORMS #3004 (for A03 print programs)

[illegible]

# MEDICATION ADMINISTRATION RECORD

P&amp;L FORMS #3004 (for A03 print programs)

Medications	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Naflex 500 Bid x 7 days, then 10/27/05 - 8 H	0800																															
Flexail 10mg Bid x 7 days, then 10/27/05 - 8 H	0800																															
Naprosyn 500mg + Bid	0800																															
11/01/05 x 2 days	2100																															
Flexail 10mg + Bid	0800																															
11/01/05 x 2 days the 8 H 17	2100																															

Medications	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	3	
Charting For		Through																															
Physician		Dr. M. Farooq																Telephone No.						Medical Record No.									
Alt. Phys.																		Alt. Telephone															
Allergies																		Rehabilitative Potential															
Diagnosis		Admission Date																															
Medicaid Number		Medicare Number				Complete Entries Checked:				By: [Signature]																Title: [Signature]				Date:			
Resident		[Signature]				Birth Date				Resident Code				Room No.				Bed				Facility Code											

# MEDICATION ADMINISTRATION RECORD





P&amp;L FORMS #3004 (for A03 print programs)

Medications	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Naprosyn 500 + 20 / Bid	0800																															
07/27/05	2100																															
Naprosyn 500ms + Bid x13	0800																															
08/10/05	2100																															
Lortab 5 + Bid	0800																															
08/12/05	2100																															
Septin DS x 1 day	0800																															
08/19/05	2100																															
Naprosyn 500ms + Bid x20	0800																															
09/13/05	2100																															
Flexeril 10mg + qhs																																
09/13/05	2100																															
Doripen 100mg #14 + Bid	0800																															
10/4/05	2100																															
Tyr 1 meter 1m																																
10/4/05																																

Charting For		Through	
Physician	Dr. M. Fartap		Telephone No.
Alt. Phys.			Alt. Telephone
Allergies			Rehabilitative Potential
Diagnosis			Admission Date
Medicaid Number	Medicare Number	Complete Entries Checked:	
Resident	N. J. Adams	By: [Signature]	Title: [Signature]
Birth Date	Resident Code	Room No.	Bed
	Facility Code		

P&amp;L FORMS #3004 (for A03 print programs)

[illegible]

Charting For		Through			
Physician		Telephone No.		Medical Record No.	
Alt. Phys.		Alt. Telephone			
Allergies		Rehabilitative Potential			
Diagnosis				Admission Date	
Medicaid Number		Medicare Number		Complete Entries Checked:	
				By:  Title:  Date:	
Resident 		Birth Date 		Resident Code	Room No.
				Bed	Facility Code

# LEE COUNTY DETENTION CENTER

## MEDICAL CHARGE FORM

(FORM #33)

INMATE NAME Dennis Edwin

DATE OF BIRTH \_\_\_\_\_ RACE/SEX \_\_\_\_\_

SOCIAL SECURITY# \_\_\_\_\_ CELL \_\_\_\_\_

### \*\*\*SERVICES & FEES\*\*\*

<input type="checkbox"/> SICK CALL	\$10.00
<input type="checkbox"/> DOCTOR VISIT	\$10.00
<input type="checkbox"/> DENTIST VISIT	\$10.00
<input checked="" type="checkbox"/> PRESCRIPTION <i>Yup</i>	\$3.00
<input type="checkbox"/> FOLLOW-UP VISIT	N/A

TOTAL OF MEDICAL SERVICES RENDERED \$ \_\_\_\_\_

## MEDICAL VERIFICATION SECTION

Authorized Nursing Staff Signature & Date *[Signature]*Inmate Signature & Date *[Signature]*Inmate Account Payable Clerk Signature & Date *[Signature]*☐ PLEASE CHECK IF INMATE IS INDIGENT TO PAY THE ABOVE CHARGES.☐ PLEASE CHECK IF INMATE IS ABLE TO PAY THE ABOVE CHARGES.

# LEE COUNTY DETENTION CENTER MEDICAL CHARGE FORM (FORM #33)

INMATE NAME Dennis Edwin

DATE OF BIRTH \_\_\_\_\_ RACE/SEX \_\_\_\_\_

SOCIAL SECURITY# \_\_\_\_\_ CELL \_\_\_\_\_

## \*\*\*SERVICES & FEES\*\*\*

<input type="checkbox"/> SICK CALL	\$10.00
<input type="checkbox"/> DOCTOR VISIT	\$10.00
<input type="checkbox"/> DENTIST VISIT	\$10.00
<input checked="" type="checkbox"/> PRESCRIPTION <u>Hydrocodone</u>	<u>\$3.00</u>
<input type="checkbox"/> FOLLOW-UP VISIT	N/A

TOTAL OF MEDICAL SERVICES RENDERED \$ \_\_\_\_\_

## MEDICAL VERIFICATION SECTION

Authorized Nursing Staff Signature & Date [Signature]

Inmate Signature & Date [Signature]

Inmate Account Payable Clerk Signature & Date

☐ PLEASE CHECK IF INMATE IS INDIGENT TO PAY THE ABOVE CHARGES.

☐ PLEASE CHECK IF INMATE IS ABLE TO PAY THE ABOVE CHARGES.

# LEE COUNTY DETENTION CENTER MEDICAL CHARGE FORM (FORM #33)

INMATE NAME Dennis, Lewis  
DATE OF BIRTH \_\_\_\_\_ RACE/SEX \_\_\_\_\_  
SOCIAL SECURITY# \_\_\_\_\_ CELL 7-2

## \*\*\*SERVICES & FEES\*\*\*

<input type="checkbox"/> SICK CALL	\$10.00
<input type="checkbox"/> DOCTOR VISIT	\$10.00
<input type="checkbox"/> DENTIST VISIT	\$10.00
<input checked="" type="checkbox"/> PRESCRIPTION <u>Wafers</u>	\$3.00
<input type="checkbox"/> FOLLOW-UP VISIT <u>Follow</u>	N/A

TOTAL OF MEDICAL SERVICES  
RENDERED

\$ 6.00

## MEDICAL VERIFICATION SECTION

Authorized Nursing Staff Signature & Date

[Signature]

Inmate Signature & Date

C. E. —

Inmate Account Payable Clerk Signature & Date

[Signature]

☐ PLEASE CHECK IF INMATE IS INDIGENT TO PAY THE ABOVE CHARGES.

☐ PLEASE CHECK IF INMATE IS ABLE TO PAY THE ABOVE CHARGES.



# LEE COUNTY DETENTION CENTER MEDICAL CHARGE FORM (FORM #33)

INMATE NAME Hennis, Edwin  
DATE OF BIRTH \_\_\_\_\_ RACE/SEX \_\_\_\_\_  
SOCIAL SECURITY# \_\_\_\_\_ CELL 7-2

## \*\*\*SERVICES & FEES\*\*\*

<input type="checkbox"/> SICK CALL	\$10.00
<input type="checkbox"/> DOCTOR VISIT	\$10.00
<input type="checkbox"/> DENTIST VISIT	\$10.00
<input checked="" type="checkbox"/> PRESCRIPTION <u>Dyeon</u>	<u>\$3.00</u>
<input type="checkbox"/> FOLLOW-UP VISIT	N/A

TOTAL OF MEDICAL SERVICES  
RENDERED

\$ 3.00

## MEDICAL VERIFICATION SECTION

Authorized Nursing Staff Signature & Date [Signature]

Inmate Signature & Date [Signature]

Inmate Account Payable Clerk Signature & Date

☐ PLEASE CHECK IF INMATE IS INDIGENT TO PAY THE ABOVE CHARGES.

☐ PLEASE CHECK IF INMATE IS ABLE TO PAY THE ABOVE CHARGES.

**Exhibit R**  
**Inmate File, Request Slips dated June 1 and**  
**July 18, 2005**

Lee County Detention Center  
**INMATE REQUEST SLIP**

1F-4  
**LOCATION**

Name EDWIN DENNIS Date June 1st

☐ Telephone Call ☒ Doctor ☐ Dentist ☐ Time Sheet  
☐ Special Visit ☐ Personal Problem ☐ Other

Briefly Outline Your Request. Give To Jailer

Hurt my shoulder wrestling  
and it's killing me. ~~Need~~ Need to see  
doctor. Need a pain or something till  
then to please.

Do Not Write Below This Line - For Reply Only

6/3/05 - to mother thru A.D.  
x 5 days see me  
Nurse Thomas

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Collect Call \_\_\_\_\_

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To  
Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date \_\_\_\_\_ Time Received \_\_\_\_\_

CORRECTION OFFICER \_\_\_\_\_

Lee County Detention Center  
**INMATE REQUEST SLIP**

E-6  
**LOCATION**

Name EDWIN DENNIS Date July 18th

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet  
☐ Special Visit ☐ Personal Problem ☐ Other

Briefly Outline Your Request. Give To Jailer

I need some antibiotic ointment  
for some sores I have on  
my arm and also need to  
see if I can get something  
for my shoulder. Its hurting and  
aching again. Thank you.

Do Not Write Below This Line - For Reply Only

7/17/05 9 min

Murphy

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Collect Call \_\_\_\_\_

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To  
Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date \_\_\_\_\_ Time Received \_\_\_\_\_

CORRECTION OFFICER \_\_\_\_\_

**Exhibit S**  
**Medical File, Notes April 6 and June 7, 2005**

## NOTES

SS# 255-41-2351

NAME Dennis, Edwin DOB 11/27/72 AGE 32 SEX m RACE W  
 DRUG ALLERGIES NICOTIN TETANUS \_\_\_\_\_  
 NATURE OF PROBLEM OR REQUEST cls chest pain

I CONSENT TO BE TREATED BY HEALTH STAFF FOR THE CONDITION DESCRIBED.

SIGNATURE

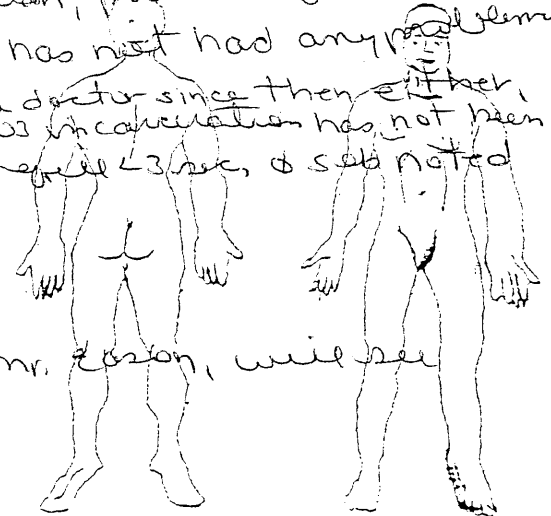
\*\*\*\*\*

## HEALTH CARE DOCUMENTATION

## SUBJECTIVE:

OBJECTIVE: BP 110/78 ? 88 3 T 98% O2 sat

ASSESSMENT: cls pain to center <sup>upper</sup> chest, center upper back, neck & @ shoulder;  
 SOB, says had same problems in 2003, saw MD & was told it was  
 an anxiety attack, was given sinequan, paracet & flexeril. this  
 was while in jail & also at Kilby, has not had any problems  
 since been on @ outside & has not seen a doctor since then either,  
 was also going to SAMH during the 2003 incarceration has not been  
 since 2003, skin w/b to touch, cap refill < 3 sec, & sub noted  
 NADW.



PLAN: 10 mg motrin 200ms given, referral to Mr. Zoson, will see  
 Dr. McFarland on next visit

REFER TO: X PA/PHYSICIAN X MENTAL HEALTH \_\_\_\_\_ DENTAL \_\_\_\_\_

SIGNATURE D. Bueh TITLE qph DATE 12/16/05 TIME \_\_\_\_\_

## NOTES

SS# 255-61-2351NAME Dennis, Edwin DOB 11/27/72 AGE 32 SEX M RACE WDRUG ALLERGIES NKDA TETANUS \_\_\_\_\_NATURE OF PROBLEM OR REQUEST wrestling in cell, shoulder injury

I CONSENT TO BE TREATED BY HEALTH STAFF FOR THE CONDITION DESCRIBED.

SIGNATURE \_\_\_\_\_

\*\*\*\*\*  
HEALTH CARE DOCUMENTATION

SUBJECTIVE:

OBJECTIVE: BP \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ T \_\_\_\_\_

06/07/05

Lee County Detention Center

Edwin Dennis

#255612351

This 32 YOWM has had problems with his right shoulder. He dislocated when he was about sixteen. He was in a car accident when he was about twenty-five. It was dislocated then. He has had an x-ray since that showed arthritis. He has crackling when he moves his arm. It was reinjured a week and a half a way. He had somebody up over his head wrestling in his cell, they were holding onto a bar. Now he hurts in the area of the AC, biceps tendon, and anterior rotator cuff.

**Physical Exam:** He has full range of motion although it hurts to abduct the right shoulder. There is no point tenderness. He is tender in the area of the rotator cuff.

**Impression:** Chronic right shoulder problem with acute exacerbation, probably some adhesive capsulitis and rotator cuff strain or tear.

**Plan:** I talked to him at some length about the mechanism of his shoulder injury, acute and chronic, and some rehab exercises including "wall walking". He understands all this. He can intermittently use anti-inflammatory medication such as Naprosyn or Motrin. There is no surgery or specific treatment that would make everything back to normal. He needs to avoid stressful up overhead movements.

PHYSICIAN \_\_\_\_\_ MENTAL HEALTH \_\_\_\_\_ DENTAL \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 6-7-05 TIME 0937  
 JOHN H MCFARLAND MD  
 AM8104894  
 AL 11404

**Exhibit T**  
**Inmate Request Slips requesting**  
**stamped envelopes**



## INMATE REQUEST SLIP

E-6  
LOCATIONName EDWIN DENNIS Date 11 27 05

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet  
☐ Special Visit ☐ Personal Problem ☒ Other

Briefly Outline Your Request. Give To Jailer

I need ~~two~~ stamped envelopes  
to write my attorney and family  
with please.

Do Not Write Below This Line - For Reply Only

Fwd to Sgt. TABB - 11-22-05

GAVE INMATE TWO STAMPED  
ENVELOPES

Jablu305  
11-23-05

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Collect Call \_\_\_\_\_

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant☐ Chief Deputy☐ Sheriff

Date \_\_\_\_\_ Time Received \_\_\_\_\_

CORRECTION OFFICER \_\_\_\_\_

Lee County Detention Center  
**INMATE REQUEST SLIP**

Name EDWIN DENNIS Date Oct 30<sup>th</sup> 05 LOCATION F-4  
☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet  
☐ Special Visit ☒ Personal Problem ☒ Other

Briefly Outline Your Request. Give To Jailer

Need some stamped envelopes to  
write home with please.

Edwin D Dennis

Do Not Write Below This Line - For Reply Only

GAVE WING TWO STAMPED ENVELOPES

JULIUS  
HOOES

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Collect Call \_\_\_\_\_

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date \_\_\_\_\_ Time Received \_\_\_\_\_

CORRECTION OFFICER \_\_\_\_\_

FORM: LCS-038 (6/99)

Lee County Detention Center

**INMATE REQUEST SLIP**

Name Edwin Dennis Date Nov 4<sup>th</sup> LOCATION F-4  
☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet  
☐ Special Visit ☐ Personal Problem ☒ Other

Briefly Outline Your Request. Give To Jailer

st. Tabb - Can I please get  
two stamped envelopes so that  
can write my attorney  
and mother?

Edwin Dennis

Do Not Write Below This Line - For Reply Only

GAVE WING TWO STAMPED ENVELOPES

JULIUS  
HOOES

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Collect Call \_\_\_\_\_

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date \_\_\_\_\_ Time Received \_\_\_\_\_

CORRECTION OFFICER \_\_\_\_\_

FORM: LCS-038 (6/99)

Lee County Detention Center  
**INMATE REQUEST SLIP**

E-5  
**LOCATION**

Name F. DWIN DENNIS Date July 19th

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet  
☐ Special Visit ☐ Personal Problem ☐ Other

Briefly Outline Your Request. Give To Jailer

I would like to see if I could  
get a couple of stamped envelopes  
I'm broke and need to write my  
mother and lawyer. Thank you

Do Not Write Below This Line - For Reply Only

GAVE INMATE TWO STAMPED ENVELOPES  
Jail 4305  
7/20/05

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Collect Call \_\_\_\_\_

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date \_\_\_\_\_ Time Received \_\_\_\_\_

CORRECTION OFFICER \_\_\_\_\_

Lee County Detention Center  
**INMATE REQUEST SLIP**

F-4  
**LOCATION**

Name EDWIN DENNIS Date May 3

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet  
☐ Special Visit ☐ Personal Problem ☒ Other

Briefly Outline Your Request. Give To Jailer

I would like to see if it would be possible to get some hygiene stuff and a couple of stamps. I have no money and have some legal mail that I need to mail and I would also like to write my children.

Do Not Write Below This Line - For Reply Only

GAVE INMATE TWO STAMPED ENVELOPES

Jill Lopez  
5/6/05

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Collect Call \_\_\_\_\_

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant

☐ Chief Deputy

☐ Sheriff

Date \_\_\_\_\_ Time Received \_\_\_\_\_

CORRECTION OFFICER \_\_\_\_\_

e County Detention Center  
**INMATE REQUEST SLIP**

F-4  
**LOCATION**


Name Edwin DENNIS Date March 6

☒ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet  
☐ Special Visit ☐ Personal Problem ☐ Other

Briefly Outline Your Request. Give To Jailer

I have no way to get in touch  
with anyone and let them know what  
I need done. I really need to call  
my girlfriend and explain my situation  
to her. It is a local number also. But  
it is a cell phone. Also need to call  
my mother but that number is long distance

Do Not Write Below This Line - For Reply Only

IF you need a STAMP, SPEAK with Sgt. TABB  


Approved \_\_\_\_\_ Denied \_\_\_\_\_ Collect Call \_\_\_\_\_

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To  
 Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date \_\_\_\_\_ Time Received \_\_\_\_\_

CORRECTION OFFICER \_\_\_\_\_

Lee County Detention Center  
**INMATE REQUEST SLIP**

Name EDWIN DEE DENNIS Date Sept 16<sup>th</sup> <sup>2-4</sup>  
**LOCATION**

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet  
☐ Special Visit ☐ Personal Problem ☒ Other

Briefly Outline Your Request. Give To Jailer

would like to see if Sgt Tab would  
give me two stamp'd envelopes  
please.

Do Not Write Below This Line - For Reply Only

GAVE INMATE TWO STAMPED ENVELOPES

Jail 4303  
9-17-05

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Collect Call \_\_\_\_\_

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant

☐ Chief Deputy

☐ Sheriff

Date \_\_\_\_\_ Time Received \_\_\_\_\_

CORRECTION OFFICER \_\_\_\_\_

**Exhibit U**  
**Inmate Request Slips requesting to**  
**visit the law library**

Lee County Detention Center  
**INMATE REQUEST SLIP**

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 rule  
 about  
 nstar  
 ate  
 tra

Name EDWIN DENNIS Date \_\_\_\_\_  
☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Tim  
☐ Special Visit ☐ Personal Problem ☐ Other

Briefly Outline Your Request. Give To Jailer

NEED TO VISIT LAW LIBRARY

OR  
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ista  
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 y, i

Do Not Write Below This Line - For Reply Only

Taken to Law Library on  
10-25-2005 at 20:20 hrs

OFC. Aaron

tte

Approved ☒ Denied \_\_\_\_\_ Collect Call \_\_\_\_\_

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To  
 Those The Request is Directed.

☐ Lieutenant

☐ Chief Deputy

☐ Sheriff

Date 10-25-2005 Time Received \_\_\_\_\_

CORRECTION OFFICER Aaron



Lee County Detention Center  
**INMATE REQUEST SLIP**

F-2  
**LOCATION**

Name EDWIN DENNIS Date Sept 6th

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet  
☐ Special Visit ☐ Personal Problem ☐ Other

Briefly Outline Your Request. Give To Jailer

Need to visit law library for  
research on my case.

Do Not Write Below This Line - For Reply Only

you went on 8-16-05

Approved \_\_\_\_\_ Denied X Collect Call \_\_\_\_\_

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff  
Date \_\_\_\_\_ Time Received \_\_\_\_\_

CORRECTION OFFICER

Crittenden

Lee County Detention Center  
**INMATE REQUEST SLIP**

F-2  
**LOCATION**

Name EDWIN DENNIS Date Aug 15th

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet  
☐ Special Visit ☐ Personal Problem ☒ Other

Briefly Outline Your Request. Give To Jailer

Need to spend time in the  
law library.

Do Not Write Below This Line - For Reply Only

Taken to the law library on  
8-16-2005 at 2100 hrs by  
Red Team Nights

Approved ☒ Denied ☐ Collect Call ☐

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date 8-16-2005 Time Received 18:30

CORRECTION OFFICER Aaron 43031